## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2015 FORM APPROVED OMB NO. 0938-0391

MANG OF PROVIDER OR SUPPLIER  CORVILLA INC  SUMMANY STATEMENT OF DEFICIENCIES  SUTH BERD, IN 46837  PARTY  REGULATORY OR LSC IDENTIFYING INFORMATION)  (K 000) INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 09/24/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).  Survey Date: 11/06/15  Facility Number: 16:5214  AlM Number: 100234800  At this PSR survey, Corvilla, Inc. was found in compliance with Requirements for Participation in Medicaid, 42 CFR 809.470(j). Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) to 11. Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.  This one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the comitors, in one client sleeping room and in common living areas. The facility has a capacity of 6 and had a census of 8 at the time of this survey.  Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.3.  Quality Review completed 11/12/15 - DA.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING <b>01</b>		(X:	3) DATE SURVEY COMPLETED
SIRRET ADDRESS. CITY, STATE_JPCODE   1843 BULLA RD   1845 BU			15G214	B. WING _			
SUMMARY STATEMENT OF DEFICIENCIES   DEFINITION   PREFIX   PROVIDERS PLAN OF CORRECTION   PREFIX   PR					STREET ADDRESS, CITY, STATE, ZIP CODE  18443 BULLA RD		
A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 09/24/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).  Survey Date: 11/06/15  Facility Number: 000740 Provider Number: 15G214 AIM Number: 100234800  At this PSR survey, Corvilla, Inc. was found in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.  This one story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors, in one client sleeping room and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.  Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.3.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
		INITIAL COMMENTS  A Post Survey Revisi Code Recertification a conducted on 09/24/1 Indiana State Departr accordance with 42 C Survey Date: 11/06/1 Facility Number: 000 Provider Number: 15 AIM Number: 10023/2 At this PSR survey, C compliance with Requ Medicaid, 42 CFR Su from Fire and the 200 Protection Association Code (LSC), Chapter Board and Care Occu This one story facility sprinklered. The facil with smoke detection corridors, in one clien common living areas. of 8 and had a census survey.  Calculation of the Eva (E-Score) using NFP/A Approaches to Life Sa	t (PSR) to the Life Safety and State Licensure Survey 5 was conducted by the ment of Health in FR 483.470(j).  5 740 G214 4800  corvilla, Inc. was found in uirements for Participation in bpart 483.470(j), Life Safety 0 edition of the National Fire in (NFPA) 101, Life Safety 33, Existing Residential upancies.  with a basement was not ity has a fire alarm system on all levels including in the t sleeping room and in The facility has a capacity s of 8 at the time of this  accuation Difficulty Score in 101A, Alternative afety, Chapter 6, rated the		DEFICIENC		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.